KANSAS BOARD OF VETERINARY EXAMINERS PO Box 379

Wamego, Kansas 66547-0379 Telephone: 785.456.8781

COMPLAINT FORM:

Name of person making complaint:complainant)	
Address of complainant:	
City, State & Zip:	
Phone:	
E-mail address:	
Name of person complaint is made against	
Name of veterinary clinic or service:	
Address of veterinarian: (If known) City, State & Zip:	
Phone:	
NATURE OF COMPLAINT:	
Please state clearly and specifically all complaints against the above named party. Please list each neident setting forth the specific date(s), names of any/all witnesses, and a brief statement describing the incident. If additional space is needed, please attach separate sheets. Also please include any and all records, invoice, or other documents pertaining to this matter that you may have. In addition this information, please circle your responses to the questions listed at the bottom of this form. Once signed, return this form to the KBVE at the address listed above.	ng
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/ES NO I hereby authorize copies of the medical records to be released to the KBV	/Ε.
/ES NO I acknowledge I will be available to testify at any hearings if necessary.	
/ES NO I hereby certify this information is true and correct to the best of my knowle	dge
Signed:	
Pata Signad:	
Date Signed:	